BURDEN HOURS

1,393,882,763

1,455,489,837

61,607,074 19,011,704

42,595,370

Washington, DC 20220 In accordance with the Paperwork Reduction Act, DMB has taken the following action on your request for approval of a revision of an information collection received on 08/20/2001.

IT Policy and Management Office

Department of the Treasury 1425 New York Avenue NW.

Lois K. Holland

Room 2110

BURDEN

New

Previous

TITLE: US Individual Income Tax Return AGENCY FORM NUMBER(S): 1040, SCHA, SCHB, SCHC, SCHC-EZ, SCHD,

SCHD-1, SCHE, EIC, SCHF ACTION : Approved

OMB NO.: 1545-0074 EXPIRATION DATE: 10/31/2004

RESPONSES

276,493,973

402,915,352

126,421,379

Difference Program Change Adjustment

TERMS OF CLEARANCE: This approval covers the amendment, dated 9/27/01, to the original submission. The agency is not required to display

the expiration date.

NOTE: The agency is required to display the OMB control number and inform respondents of its legal significance (see 5 CFR 1320.5(b)).

OMB Authorizing Official Title.

Donald R. Arbuckle Information and Regulatory Affairs

10/03/2001

BURDEN COSTS 0

D n n

Deputy Administrator, Office of

Sent electronically, 10/03/2001 15:04:59

EXP DATE : 3 Yrs TITLE : US Individual Income Tax Return ACTION TAKEN: Approved CHANGES FROM AGENCY SUBMISSION: EXPIRATION DATE: NO CHANGE BURDEN HOURS BURDEN COSTS Responses 402,915,352 NO CHANGE Burden Hours 1,455,489,837 Hours Diff 61,607,074 Hrs pgm chg 19,011,704 NEW TERMS OF CLEARANCE: This approval covers the amendment, dated 9/27/01, to the original submission. The agency is not required to display the expiration date. NOTES: SIGNATURES AND DATES: DESK OFFICER DATE: ____ DATE:

JMB CHUNGERO9-15-050487SPF Document 54-7 Filed in USDC ND/OK on 05/15/09 Page 151

US UCT 2001

UNN. 7. ZUUT IV. ITAMI ULIKKI UNKKITUULKORK ACTION SUMMARY

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DMB HUMBER ! 15-1-0074
REVERUE 1705 cr 1000 SPF Document 54-7 Filed in DESK OFFICER: Alex Hunt 09 Page 3 of 5
AGENCY : Department of the Treasury
SUBAGENCY : Internal Revenue Service
TITLE: US Individual Income Tax Return
AGENCY FORM NUMBER(S): 1040,SCHA,SCHB,SCHC,SCHC-EZ.SCHD.SCHD-1.SCHE
                       EIC, SCHF
KEYWORDS: PERSONAL INCOME TAXES
          TAX RETURN
ABSTRACT: Form 1040 and schedules are used by individuals to report their
          income tax liability. The data is used to verify that the items reported on the forms are correct, and also for general
          statistical use.
DBLIGATION TO RESP: P Mandatory
                                                  SMALL ENTITIES: No
                                                  STATISTICAL METHODS: No
AFF PUB: P Individuals or households PURPOSE: P Reg or compliance
REQUIREMENTS: Recordkeeping
              Reporting frequency:
                 Annually
                                    CURRENT RECORD
                                                               REQUEST
                                        09/30/2001
                                                                3 Yrs
EXPIRATION DATE:
ANNUAL HOUR BURDEN:
                                                        71,097,253
Number of respondents
                                      71,877,464
                                                        401,291,352
                                        276,493,973
6 %
 Total annual responses
 % Collected electronically
                                                                      50 X
                                    1,393,882,763 1,454,784,038
 Burden Hours
 Difference
                                                           60,901,275
 Explanation of Difference
 1. Program Change
                                                            18,305,905
                                                            42,595,370
 2. Adjustment
                                      CURRENT RECORD
                                                              REQUEST .
ANNUAL COST BURDEN:
 Capital/Startup Costs
                                                                     0
 Annual Costs (D&M)
                                                  0
 Total Annualized Cost
 Difference
 Explanation of difference
 1. Program change
 2. Adjustment
                                           LAST ACTION DATE: 09/27/2000
.AST_ACTION: Correction
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'STING TERMS OF CLEARANCE: NONE

VEDDI WIIDDERWED

PAPERWORK REDUCTION ACT SUBMISSION (CONTROL OF PAGE 45:15) Please read the instructions before completing this form. For additional forms or assistance in completing this form, contact your action of Paperwork Clearance Officer. Send two copies of this form, the collection instrument to be reviewed, the Supporting, Statement, and may additional documentation to: Office of Information and Regulatory Affairs, Office of Management and Budgar, Dockletsbeary, from 10102,725 17th Street NW Washington, DC 20503.	
Department of the Treasury Internal Revenue Service	1 5 4 5 - 0 0 7 4
3. Type of information collection (check one) a New collection bK Revision of a currently approved collection c Extension of a currently approved collection d Reinstatement, without change, of a previously approved collection for which approved has expired e Reinstatement, with change, of a previously approved collection	4. Type of review requested (check one) a. X Regular b. Emergency - Approval requested by: 09, 20, 01 c. Delegated 5. Small entities
for which approval has expired L Existing collection in use without an OMB control number For b-f, note item A2 of Supporting Statement instructions	Will this information collection have a significant economic impact on a substantial number of small entities? Yes X No. 6. Requested expiration date
	a. X Three years from approval date b. Other Specify: /
7. Title U.S. Individual Income Tax Return	
8. Agency form number(s) (if applicable) Forms 1040 and Schedules A, B, C, C-EZ, D,D-1, E, EIC, F, H, J, R, and SE 9. Keywords 'personal income taxes, tax return'	
13. Annual reporting and recordkeeping hour burden a. Number of respondents b. Total annual responses 1. Parcentage of these responses collected electronically c. Total annual hours requested d. Current OMB inventory f. Explanation of difference 1. Program change 2. Adjustment 13. Annual pour sequested 14. 54.784.038 1.393.682.763 +60.903.275 1. Program change +18.305.905 2. Adjustment +42.595.170	14. Annual reporting and recordiceping cost burden (in thousands of delian) a. Total annualized capital/startup costs b. Total annualized costs (O&M) c. Total annualized costs requested d. Current OMB inventory e. Difference f. Explanation of difference 1. Program change 2. Adjustment
15. Purpose of information collection (Mark primary with "P" and all others that apply with "X") aApplication for benefits cProgram planning or management b,Program evaluation	16. Frequency of recordisceping or reporting (check all that apply) a. X. Recordisceping bThird party disclosure. c. X. Reporting 1On occasion 2. Weekly 3. Monthly 4Quarterly 5Semi-aroundly 6. X Annually 7Riemizity 8Other (describe)
17. Statistical methods Does this information collection capital statistical methods?	18. Agency contact (person who can best answer questions regarding the content of this submission)
Yes X No	Name: Carol Savere
	Phone: (202) 622-3945
OMB %-I	10/95

Q95C4-09-cate00063-Paper-work/Reduction Aile Stibles Con 105/15/09 Page 5 of 5

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. The certification is to be made with reference to those regulatory provisions as set forth in the instructions.

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents:
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
 - (i) Why the information is being collected;
 - (ii) Use of information:
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number.
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Program Official

Garrick R. Shear, IRS Reports Clearance Officer

Signature of Senior Official or Designee

Management Officer

AUG 1 5 2001

-OMIR 83'-1